

Foster Family Home - Deficiency Report

Provider ID: 1-190011

Home Name: Cris Raymundo, NA

Review ID: 1-190011-15

91-2035 Pahuhu Place

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 11/26/2025

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 11/26/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:


41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1 and CG#3. CG#1 TB clearance was not present in the file. CG#3 expired on 9/16/2024.

Foster Family Home Fire Safety [11-800-46]


46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:


46.(b)(2)- CG#2, #3, and #4 did not have evidence of conducting a monthly fire drill within the past 12 months.




Compliance Manager



Primary Care Giver



Date



Date